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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

▶ Declaration Submitted with Initial Filing

OR

□ Declaration Submitted after Initial Filing (surcharge (37 ČFR 1.16 (e)) required)

Attorney Docket Number	6627-PA1022				
First Named Inventor	William FENICAL				
COMPLETE IF F	KNOWN				
Application Number	UNKNOWN				
Filing Date	HEREWITH				
Group Art Unit	UNKNOWN				
Examiner Name	UNKNOWN				

numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MARINE ACTINOMYCETE TAXON FOR DRUG AND FERMENTATION PRODUCT DISCOVERY (Title of the Invention) the specification of which is attached hereto as United States Application Number or PCT International ☐ was filed on (MM/DD/YYYY) (if applicable). Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below. by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date **Priority** Certified Copy Attached? Number(s) Country **Not Claimed** (MM/DD/YYYY) YES NO ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Application Number(s) Additional provisional application

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		stomer Nur Bar Code L				OR C	Correspondence add	dress below
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRS					A petit	tion has been fi	iled for this unsig	ned inventor
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nventor's Signature Or Surname Date								
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Inventor's Signature							Date	
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Mailing Address					т-			
City San Diego		State	CA		ZIP	92102	Country	USA
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _2_ of _2_

					-			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
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Inventor's Signature								Date
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Give	n Name (first and middle [if any])					Family Name	or Su	rname
Inventor's Signature								Date
Residence: City State				Country Citizenship				
Mailing Address								
Mailing Address								
City	Di. 4			ZIP		Country		
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any]) Family Name or Surname					r Surname			
Growth and the same party of t								
Inventor's Date						Date		
Residence: City					Country			Citizenship
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